

This legislation provides for greater transparency in medical management, and strict enforcement by the Internal Revenue Service, something we all want to see more of in the health care industry.

Over the past several decades, America's health care system has been a leader in innovation. This innovation has given patients unprecedented access to specialized care in all different fields of medicine. Whether it's in cancer centers, children's hospitals, or ambulatory surgical centers, patients now have the ability to receive quality care in a hospital of their choice.

Unfortunately, this bill stifles the very innovation and choice that has laid the groundwork to real transformation in our health care system. A provision in H.R. 1424 would severely restrict the ability and capacity of physician owned hospitals to provide quality healthcare to their patients. It does not matter if the hospital is rural, inner city, big or small this legislation will punish these hospitals, the doctors and the nurses that serve their community every day by restricting them from providing high quality care to their patients. Physician owned hospitals serve as an integral part in the future of patient care and should not be dismissed just because they have physician investment.

In Texas, we have inpatient rehabilitation hospitals, long-term acute care hospitals, general care hospitals, and community hospitals that are nationally recognized as the best in the industry and each and every one of them has physician investment. Patients across the great state of Texas have greatly benefited from the safety, quality, and innovation that physician owned hospitals bring.

In an era when hospital deaths from infections, medical errors, and other problems approach 100,000 a year, physician owned hospitals have placed a very large emphasis on eliminating preventable complications and errors in order to improve patient care.

Just this month in a *Forbes* article, a University of Iowa study found that tens of thousands of Medicare patients' complication rates for hip and knee surgeries were 40 percent lower at specialty hospitals than at other hospitals. These hospitals provide a needed service and they must be allowed to continue their good work now and in the future.

Before Senator Paul Wellstone's untimely death and that of his wife and daughter, I had the opportunity to meet with him and work with him on these very issues. His dedication to creating affordable healthcare for all Americans is what is at the root of this legislation. Having a provision that actually seeks to restrict physicians and hospitals seems to obliterate the bipartisanship and purpose of this bill.

We all support the goal of equal access to mental health benefits. However, we should not believe that it should be paid for by sacrificing facilities that bring quality, efficient and accessible healthcare to all patients.

I urge my colleagues to take a closer look at the effect this legislation will have on physician-owned hospitals. Despite my reservations regarding the disproportionate impact on physician-owned hospitals, ultimately patients benefit from this legislation and therefore I ask each of you to join me in supporting H.R. 1424.

Mr. CONYERS. Mr. Speaker, I rise to voice my strong support for H.R. 1424, the Paul

Wellstone Mental Health and Addiction Equity Act of 2007, which requires equity in the provision of mental health and substance-related disorder benefits under group health plans. This much needed legislation would finally provide for true mental health insurance parity, offering mental health and substance-abuse benefits on par with medical and surgical benefits, ending discrimination against patients seeking treatment for psychiatric disorders.

Mental illnesses have a devastating effect on our nation. According to a 2005 Harvard study, over 35 million Americans suffer from a moderate or serious mental disorder in any given year. Societal costs, such as loss of productivity and the burden on family caregivers, total \$113 billion annually. As well, the President's New Freedom Commission on Mental Health reported in 2003 that mental illnesses constitute the leading cause of disability in the United States; the Commission noted that half of those who need mental health treatment in this country do not receive it.

The treatment of mental illness works. Unfortunately, only those who are able to access care can benefit from it. Most mental disorders are chronic, ongoing illnesses that require consistent and persistent treatment in order to achieve remission. It would seem unconscionable to limit the number of times a cancer patient sees their oncologist for treatment; those suffering from severe psychiatric illness should not be held to a lesser standard of care.

Despite disinformation put forth by some of my colleagues today, the concept of mental health insurance parity is not a new one. In fact, as members of Congress, we all enjoy the benefits of mental health parity that our constituents are deprived of. The Federal Employees Health Benefits (FEHB) Program has offered mental health and substance-abuse benefits on a par with general medical benefits since 2001. A convincing study of the FEHB program published by the *New England Journal of Medicine* in 2006 proves that the implementation of parity in insurance benefits for behavioral health care can improve insurance protection without increasing total costs.

Mr. Speaker, the inequity of coverage with regard to mental health and substance abuse treatment benefits is tantamount to discrimination against the mentally ill, and it reinforces the strategy of insurance companies to deny care rather than provide care. It is our duty to end this intolerable discrimination against the mentally ill, and pass H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007.

Mr. SHULER. Mr. Speaker, I rise in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. The passage of this bill is an important step for those suffering from mental health problems in this country.

I believe it should not be an uphill battle to get treatment for millions of Americans living with mental illness and addiction. Thanks to my colleagues Mr. KENNEDY and Mr. RAMSTAD we are moving towards achieving parity between mental and physical conditions.

While I support the underlying legislation, I oppose the closed rule under which it is being introduced, because it does not provide for an opportunity to address the revenue raisers included in the bill. I am particularly concerned with the offset used to pay for the legislation, specifically the Medicaid prescription drug rebate.

Increasing these rebate rates could have a chilling effect on pharmaceutical research and development for the next generation of treatments, including those that aid patients with mental health conditions that we are attempting to help today.

I urge the passage of this bill. However, as this bill advances to conference, I hope that the final product that returns to the House will not contain an increased Medicaid rebate or any other provision that will deter the innovation of new treatments for the diseases that affect American families.

Mr. ETHERIDGE. Mr. Speaker, I rise today in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. As a cosponsor of this important legislation, I applaud your leadership in bringing this bill to the floor and addressing the issue of mental health parity.

According to the National Institute of Mental Health (NIMH), approximately 26.2 percent of Americans ages 18 and older—about one in four adults—suffer from a diagnosable mental disorder. Unfortunately, the U.S. Surgeon General reports that only one in three of these people receive treatment for their disabilities. A significant reason that people fail to seek medical help for debilitating mental health issues is the lack of insurance.

The Paul Wellstone Mental Health and Addiction Equity Act would help address this problem. By requiring health plans to consider mental health issues on an equal basis with other health problems, this bill ensures that those in need can get the treatment that is medically necessary. We must expand access to mental health to ensure a strong and productive America that provides for its most vulnerable citizens.

Untreated and mistreated mental illness costs the United States \$105 billion in lost productivity, a figure that has been increasing every year. According to a study funded by NIMH, treating mental health in the workplace significantly improves employee health and productivity, likely leading to overall lower costs for the employer. Mental health also has a high cost to society—for example, 20 percent of youths in juvenile justice facilities have a serious emotional disturbance and most have a diagnosable mental disorder. This bill will improve our economy and ensure those in need get the help they need before their illness turns into something worse.

My home state of North Carolina was one of the first states to adopt a mental health parity law back in 1991, and last year the State Legislature expanded and strengthened its mental health parity provisions. I support the efforts of North Carolina's mental health professionals in bringing this issue to the forefront of our State's agenda.

Mr. Speaker, while I strongly support this bill, I disagree with part of the bill's funding mechanism. We must be fiscally responsible, but we should not allow cost offsets to undermine the basic goals of this bill. I am concerned that the large increase in the Medicaid prescription drug rebate will reduce the ability of patients, including those with mental health conditions, to get the prescription medicines they need.

H.R. 1424 calls for a 33 percent increase in the rebate that brand pharmaceutical companies pay to the Medicaid program. Innovator drug companies already provide deep discounts to Federal and State Governments for